
State: District of Columbia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: MS02I Individual Medicare Supplement - Pre-Standardized/MS02I.000 Medicare Supplement - Pre-Standardized
Product Name: 2017 MOO PreStandardized Med Supp
Project Name/Number: 2017 Annual Rate Filing/2017 MOO

Filing at a Glance

Company: Mutual of Omaha Insurance Company
Product Name: 2017 MOO PreStandardized Med Supp
State: District of Columbia
TOI: MS02I Individual Medicare Supplement - Pre-Standardized
Sub-TOI: MS02I.000 Medicare Supplement - Pre-Standardized
Filing Type: Rate
Date Submitted: 11/11/2016
SERFF Tr Num: MUTA-130803341
SERFF Status: Submitted to State
State Tr Num:
State Status:
Co Tr Num: AARON ZIMMER

Implementation: 04/01/2017
Date Requested:
Author(s): Aaron Zimmer
Reviewer(s):
Disposition Date:
Disposition Status:
Implementation Date:

State: District of Columbia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: MS021 Individual Medicare Supplement - Pre-Standardized/MS021.000 Medicare Supplement - Pre-Standardized
Product Name: 2017 MOO PreStandardized Med Supp
Project Name/Number: 2017 Annual Rate Filing/2017 MOO

General Information

Project Name: 2017 Annual Rate Filing
Project Number: 2017 MOO
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 3%

Deemer Date:
Submitted By: Aaron Zimmer

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: A filing will be submitted to Nebraska, our state of domicile, in the near future.
Market Type: Individual
Individual Market Type:
Filing Status Changed: 11/11/2016
State Status Changed:
Created By: Aaron Zimmer
Corresponding Filing Tracking Number:

Filing Description:

2017 PreStandardized Medicare Supplement Annual Loss Ratio and Rate Adjustment Filing

Company and Contact

Filing Contact Information

Aaron Zimmer, aaron.zimmer@mutualofomaha.com
Mutual of Omaha Plaza 402-351-2305 [Phone]
Omaha, NE 68175

Filing Company Information

Mutual of Omaha Insurance Company	CoCode: 71412	State of Domicile: Nebraska
3300 Mutual of Omaha Plaza	Group Code: 261	Company Type: Health Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-2304 ext. [Phone]	FEIN Number: 47-0246511	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State:	District of Columbia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	MS021 Individual Medicare Supplement - Pre-Standardized/MS021.000 Medicare Supplement - Pre-Standardized		
Product Name:	2017 MOO PreStandardized Med Supp		
Project Name/Number:	2017 Annual Rate Filing/2017 MOO		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	3.000%
Effective Date of Last Rate Revision:	04/01/2016
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Mutual of Omaha Insurance Company	3.000%	3.000%	\$298	2	\$9,947	3.000%	3.000%

State:	District of Columbia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	MS021 Individual Medicare Supplement - Pre-Standardized/MS021.000 Medicare Supplement - Pre-Standardized		
Product Name:	2017 MOO PreStandardized Med Supp		
Project Name/Number:	2017 Annual Rate Filing/2017 MOO		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2017 Rates	M1, M115, M154, 3565M, 15CMO, 2CMO, 3564M, M4	Revised	Previous State Filing Number: MUTA-130317969 Percent Rate Change Request: 3	2017 DC Rates.pdf, 2017 DC Rate Summary.pdf,

Mutual of Omaha Insurance Company
Schedule of MONTHLY Base Rates
For Policy Form 15CMO – DISTRICT OF COLUMBIA

Date Printed:
11/10/2016

PROPOSED RATES

UNISEX

AGE

All Ages 772.41

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

Mutual of Omaha Insurance Company
Schedule of MONTHLY Base Rates
For Policy Form 2CMO – DISTRICT OF COLUMBIA

Date Printed:
11/10/2016

PROPOSED RATES

UNISEX

AGE

All Ages 413.06

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

**Mutual of Omaha Insurance Company
Schedule of MONTHLY Base Rates
For Rider Form 3564M – DISTRICT OF COLUMBIA
When Attached to Policy Form 3564M**

PROPOSED RATES

UNISEX

AGE

All Ages 198.03

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

**Mutual of Omaha Insurance Company
Schedule of MONTHLY Base Rates
For Rider Form 3565M – DISTRICT OF COLUMBIA
When Attached to Policy Form 3565M**

PROPOSED RATES

UNISEX

AGE

All Ages 215.05

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

Mutual of Omaha Insurance Company
Schedule of MONTHLY Base Rates
For Policy Form M1 – DISTRICT OF COLUMBIA

Date Printed:
11/10/2016

PROPOSED RATES

UNISEX

ATTAINED
AGE

Thru 69	361.25
70 - 74	441.93
75 - 79	483.02
80 & Over	528.67

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

Mutual of Omaha Insurance Company
Schedule of MONTHLY Base Rates
For Policy Form M115 – DISTRICT OF COLUMBIA

Date Printed:
11/10/2016

PROPOSED RATES

UNISEX

ATTAINED
AGE

Thru 69	193.09
70 - 74	234.86
75 - 79	255.99
80 & Over	279.53

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

Mutual of Omaha Insurance Company
Schedule of MONTHLY Base Rates
For Policy Form M154 – DISTRICT OF COLUMBIA

Date Printed:
11/10/2016

PROPOSED RATES

UNISEX

ATTAINED
AGE

Thru 65	152.16
66	165.12
67	177.28
68	188.89
69	197.13
70	205.58
71	213.89
72	222.32
73	230.64
74	234.86
75	239.08
76	243.29
77	247.53
78	251.81
79	256.42
80 & Over	275.34

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

Mutual of Omaha Insurance Company
Schedule of MONTHLY Base Rates
For Policy Form M4 – DISTRICT OF COLUMBIA

Date Printed:
11/10/2016

PROPOSED RATES

UNISEX

ATTAINED
AGE

Thru 69	379.64
70 - 74	467.39
75 - 79	511.87
80 & Over	561.44

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

**MUTUAL OF OMAHA INSURANCE COMPANY
PRE-STANDARDIZED MEDICARE SUPPLEMENT
DIST. COLUMBIA
SUMMARY OF RATE SCHEDULES**

<u>FORM</u>	<u>DATE</u>	<u>APPROVED</u>	<u>REVISED RATE SCHEDULE</u>	
M1	01/27/1982	M1	DC BASE RATE	08/12/2016 0015
M115	11/04/1988	M115	DC BASE RATE	08/12/2016 0015
M154	05/03/1990	M154	DC BASE RATE	08/12/2016 0015
M4	12/03/1984	M4	DC BASE RATE	08/12/2016 0015
15CMO	06/22/1979	15CMO	DC BASE RATE	08/12/2016 0015
2CMO	03/06/1978	2CMO	DC BASE RATE	08/12/2016 0015
3564M (51VB)	07/17/1973	3564M (51VB)	DC BASE RATE	08/12/2016 0015
3565M (51VB)	07/17/1973	3565M (51VB)	DC BASE RATE	08/12/2016 0015

State:	District of Columbia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	MS021 Individual Medicare Supplement - Pre-Standardized/MS021.000 Medicare Supplement - Pre-Standardized		
Product Name:	2017 MOO PreStandardized Med Supp		
Project Name/Number:	2017 Annual Rate Filing/2017 MOO		

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	DC Cover Letter 2017.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	DC Memo 2017.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	2017 Actl Cert Neil.pdf 2017 DC Exhibit 1.pdf 2017 DC Exhibit 2 - 3.0%.pdf 2017 DC Exhibit 2A.pdf 2017 DC Exhibit 3.pdf 2017 DC Exhibit 4 - Trend.pdf 2017 DC Exhibit 5.pdf 2017 DC PERSISTENCY.pdf DC- Ex 6 Expense Assumption.pdf
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	See Actuarial Justification
Attachment(s):	
Item Status:	
Status Date:	

State:	District of Columbia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	MS021 Individual Medicare Supplement - Pre-Standardized/MS021.000 Medicare Supplement - Pre-Standardized		
Product Name:	2017 MOO PreStandardized Med Supp		
Project Name/Number:	2017 Annual Rate Filing/2017 MOO		

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	See Actuarial Justification
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	See "Actuarial Memorandum" and "Actuarial Justification" sections.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

MUTUAL of OMAHA INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
402 342 7600
mutualofomaha.com



November 11, 2016

Government of the District of Columbia
Department of Insurance
Insurance Products Division
810 First Street NE, Suite 701

NAIC #: 261-71412
FEIN #: 47-0246511

Re: 2017 Pre-Standardized Medicare Supplement Annual Loss Ratio Filing for policy and rider forms:

M1, M115, M154, M4, 2CMO, 15CMO, 3564M, 3565M

The enclosed filing has been prepared to demonstrate loss ratio compliance. The actuarial memorandum and certification support the loss ratio demonstrations and support our request for a 3.0% increase to be effective April 1, 2017.

Sincerely,

Aaron Zimmer
Lead Actuarial Analyst
7-Rerating

Phone: 402-351-2305
E-mail: aaron.zimmer@mutualofomaha.com

MUTUAL OF OMAHA INSURANCE COMPANY
ACTUARIAL MEMORANDUM
District of Columbia

Re: 2017 Pre-Standardized Medicare Supplement Rate Revision and Annual Loss Ratio Filing

This filing has been prepared to demonstrate loss ratio compliance as required by the passage of the 1994 Technical Corrections (SSAA-94) to OBRA-90. The filing has been fashioned to follow the NAIC Medicare Supplement Insurance Model Regulations Compliance Manual.

General Description

Issuer Name: Mutual of Omaha Insurance Company (note: forms used in your state may include Pre-Standardized business issued by Aetna Life Insurance and Annuity Company and Allstate Insurance Company that has been assumptively reinsured by Mutual of Omaha Insurance Company)

Form Number: The form numbers are listed in the cover letter to this filing.

Policy Type: Pre-Standardized Medicare Supplement individual coverage; Forms issued prior to your state's adoption of the NAIC Standardized Benefit Packages or compliance with OBRA 1990 requirements.

Benefit Description: These forms provide benefits that supplement Medicare and meet or exceed the minimum standards required by your state.

Renewal Provision: The policy forms in this block are conditionally, collectively or guaranteed renewable. (Not all types of renewability may pertain to your individual state)

Marketing Method: The majority of this block was agent solicited but some forms were sold using direct response mail methods.

Underwriting Method: The majority of this block was underwritten with some forms issued non-selectively.

Pre-existing Condition Exclusion: The forms include a six-month pre-existing condition exclusion.

Issue Age Limits: These forms were issued to persons 65 and over.

Premium Basis: The amount of rate increase is determined by projecting the state experience under the assumptions listed below and then comparing the resulting loss ratio to the minimum allowable. Since Georgia experience is deemed not credible, national experience was used. Any indicated amount of rate increase for your state is listed in Exhibit 5.

Actuarial Certification: Certification of a qualified actuary, Neil Sandhoefner, ASA, CERA, MAAA, Actuarial Associate, is attached.

Domicile State Approval: A filing will be submitted to Nebraska, our state of domicile, in the near future.

Rates and Rating Factors: A set of proposed rates is enclosed.

Rate History: A history of revisions is shown in Exhibit 3.

Inforce Counts: Inforce counts since 1994 for your state and the nation are shown in Exhibit 1.

Average Annual Premium: Please refer to Exhibit 1.

Incurred Claims, Earned Premiums and Loss Ratios: The national data, past and future, is displayed in Exhibit 2. The statewide data is displayed in Exhibit 2A. The premiums in these exhibits have been adjusted to reflect past refunds.

Loss Ratio Compliance: Because prior to 1996 this block was rated based upon the national pooled experience, national experience is used to illustrate compliance with the original lifetime loss ratio. Credibility adjusted state experience is used to illustrate compliance with the future and 1996 plus future loss ratio requirements. Expected claims in relation to premiums, when combined with actual experience meet loss ratio requirements. Please refer to Exhibits 2 and 2A.

Future Loss Ratio Compliance: The proposed premiums are based on a target loss ratio of not less than 65%, which meets or exceeds the minimum allowable loss ratio for your state.

Projection Assumptions

Policy Persistency - The factor was developed from historical data.

Aging Factor – No additional premium is expected due to future step-rate adjustments.

Rate Increase Factor - Future premiums were increased to reflect the impact of the previous years' rate adjustment.

Average Exposures - Based on average inforce counts.

Loss Ratio Estimates - Loss ratio estimates are built from claims experience through September 30, 2016.

Trend – A 3.0% trend based on utilization and claim cost is assumed in the rating period. Rate increases are assumed to offset trend beyond the rating period. Support for the trend is displayed in Exhibit 4.

Interest - The original and subsequent rating did not include interest assumptions therefore the experience exhibits include 0% interest.

Credibility - Credibility factors were developed from the NAIC Refund/Credit Medicare Supplement Credibility Table and applied to the state and national loss ratios to derive a weighted average loss ratio.

Proposed Increase – Exhibit 5 displays the amount of increase to be implemented on 04/01/2017.

Any effort to expedite this filing will be appreciated. Phone calls and emails are welcomed.

Sincerely,

A handwritten signature in black ink, appearing to be 'AZ' or similar initials, written in a cursive style.

Aaron Zimmer
Lead Actuarial Analyst
7-Rerating
Phone: 402-351-2305
E-mail: aaron.zimmer@mutualofomaha.com

November 10, 2016

ACTUARIAL CERTIFICATION

COMPANY: Mutual of Omaha Insurance Company

RATE SUBMISSION: 2017 Pre-Standardized Medicare Supplement Annual Loss Ratio Filing

DATE: November 2, 2016

I hereby certify that to the best of my knowledge and belief the above submission conforms to generally accepted actuarial principles, standards and guidelines, that the reserves and nonforfeiture benefits, if applicable, comply with all statutes, rules, and regulations of this state, and that premiums, if any, are not inadequate, excessive, unfairly discriminatory, or unreasonable in relation to benefits provided.



SIGNATURE OF QUALIFIED ACTUARY

Neil Sandhoefner, ASA CERA, MAAA
Actuarial Associate
Mutual of Omaha Insurance Company

NAME/TITLE/BUSINESS AFFILIATION

Exhibit 1

MUTUAL OF OMAHA INSURANCE COMPANY
Pre-Standardized Medicare Supplement
Inforce Policy Count & Average Annual Premium

State: Dist. Columbia

Calendar Year	INFORCE COUNT	
	State	National
1981	181	389,964
1982	190	393,183
1983	197	387,960
1984	196	348,216
1985	198	310,906
1986	201	310,963
1987	227	332,235
1988	221	302,053
1989	187	258,193
1990	159	217,954
1991	131	188,035
1992	96	154,636
1993	85	118,975
1994	72	92,241
1995	63	70,672
1996	56	55,459
1997	34	43,355
1998	27	34,421
1999	27	27,694
2000	25	23,178
2001	20	19,388
2002	12	16,293
2003	9	13,733
2004	8	11,597
2005	8	9,944
2006	8	8,361
2007	8	7,068
2008	8	5,978
2009	7	5,077
2010	6	4,321
2011	5	3,576
2012	4	2,937
2013	4	2,405
2014	3	1,970
2015	2	1,574
2016	2	1,253

Calendar Year	PAID PREMIUM	
	State	National
* 2016	9,788	3,467,395

2016 AVERAGE ANNUAL PREMIUM	
State	
Before Rate Adjustment	After Rate Adjustment
\$ 4,894	\$ 5,041

* Full year estimated using data through 09-30-2016.

MUTUAL OF OMAHA INSURANCE COMPANY
Pre-Standardized Medicare Supplement

EXHIBIT 2

State: NATIONAL

PAST EXPERIENCE:

Incurred Year	EARNED PREMIUM	INCURRED CLAIMS	INCURRED LOSS RATIO
1966	403,617	270,562	67.0%
1967	2,172,660	1,288,792	59.3%
1968	2,881,118	1,523,731	52.9%
1969	3,103,499	1,427,200	46.0%
1970	3,256,704	1,359,695	41.8%
1971	3,152,407	1,322,430	42.0%
1972	2,914,331	1,291,609	44.3%
1973	2,630,862	1,167,820	44.4%
1974	6,167,491	2,524,542	40.9%
1975	14,797,503	6,095,035	41.2%
1976	23,109,093	10,956,691	47.4%
1977	33,344,620	17,491,476	52.5%
1978	45,969,810	25,717,675	55.9%
1979	57,774,204	33,657,353	58.3%
1980	74,142,406	47,770,060	64.4%
1981	94,704,451	65,125,822	68.8%
1982	128,591,592	87,642,973	68.2%
1983	161,337,674	103,673,099	64.3%
1984	187,299,379	103,092,805	55.0%
1985	181,160,040	94,853,231	52.4%
1986	168,425,908	100,138,015	59.5%
1987	174,595,053	112,957,977	64.7%
1988	185,476,842	126,208,493	68.0%
1989	187,075,962	113,635,068	60.7%
1990	191,184,838	123,483,545	64.6%
1991	187,141,095	113,169,074	60.5%
1992	179,726,987	103,452,206	57.6%
1993	158,679,976	93,045,080	58.6%
1994	133,990,125	81,312,285	60.7%
1995	109,538,637	71,800,238	65.5%
1996	90,928,236	60,277,664	66.3%
1997	79,305,726	50,431,048	63.6%
1998	68,995,692	38,654,418	56.0%
1999	60,257,754	34,124,638	56.6%
2000	52,055,021	30,251,573	58.1%
2001	45,251,666	28,265,862	62.5%
2002	39,646,035	24,510,531	61.8%
2003	35,193,541	21,626,678	61.5%
2004	30,994,156	20,113,170	64.9%
2005	22,588,077	17,596,356	77.9%
2006	19,349,882	15,690,322	81.1%
2007	16,607,935	14,025,899	84.5%
2008	14,319,631	12,241,013	85.5%
2009	13,004,721	10,978,652	84.4%
2010	11,320,084	9,345,977	82.6%
2011	9,542,880	8,235,130	86.3%
2012	8,129,283	7,101,208	87.4%
2013	6,773,832	5,940,517	87.7%
2014	5,593,105	4,807,766	86.0%
2015	4,476,206	4,247,304	94.9%
2016	3,597,897	3,421,393	95.1%
TOTAL:	3,342,680,246	2,069,341,701	61.91%

FUTURE EXPERIENCE:

Incurred Year	EARNED PREMIUM	INCURRED CLAIMS	INCURRED LOSS RATIO
2017	2,994,958	2,889,709	96.5%
2018	2,496,240	2,440,648	97.8%
2019	2,108,324	2,061,371	97.8%
2020	1,780,691	1,741,034	97.8%
2021	1,503,971	1,470,477	97.8%
2022	1,270,254	1,241,965	97.8%
2023	1,072,857	1,048,964	97.8%
2024	906,135	885,955	97.8%
2025	765,321	748,277	97.8%
2026	646,390	631,995	97.8%
2027	545,941	533,783	97.8%
2028	461,102	450,833	97.8%
2029	389,447	380,774	97.8%
2030	328,927	321,602	97.8%
2031	277,812	271,625	97.8%
TOTAL:	17,548,370	17,119,013	97.55%

LOSS RATIO DEMONSTRATION AND INDICATED RATE ADJUSTMENT:

	EARNED PREMIUM	INCURRED CLAIMS	BEFORE INCREASE LOSS RATIO	ANTICIPATED LOSS RATIO	AFTER INCREASE LOSS RATIO
PAST	3,342,680,246	2,069,341,701	61.91%	N/A	61.91%
FUTURE	17,548,370	17,119,013	97.55%	65.00%	94.93%
LIFETIME	3,360,228,616	2,086,460,714	62.09%	61.80%	62.08%
1996-2031	655,479,733	439,006,132	66.97%	65.00%	66.93%

PROPOSED RATE ADJUSTMENT:

3.0%

* 2016 EXPERIENCE IS ESTIMATED

MUTUAL OF OMAHA INSURANCE COMPANY
Pre-Standardized Medicare Supplement

EXHIBIT 2A

State: Dist. Columbia

PAST EXPERIENCE:

Incurred Year	EARNED	INCURRED	INCURRED
	PREMIUM	CLAIMS	LOSS RATIO
1996	95,660	52,190	54.56%
1997	83,302	31,947	38.35%
1998	67,425	17,853	26.48%
1999	70,950	23,170	32.66%
2000	68,004	32,340	47.56%
2001	60,461	37,371	61.81%
2002	53,962	48,491	89.86%
2003	50,542	31,183	61.70%
2004	48,107	16,627	34.56%
2005	37,706	15,556	41.26%
2006	34,976	21,825	62.40%
2007	30,313	10,980	36.22%
2008	29,520	15,143	51.30%
2009	27,441	19,408	70.73%
2010	26,221	26,751	102.02%
2011	23,217	12,729	54.83%
2012	20,178	9,556	47.36%
2013	19,101	5,445	28.51%
2014	15,928	7,760	48.72%
2015	9,853	4,778	48.49%
* 2016	9,929	3,913	39.41%

PROPOSED RATE ADJUSTMENT:

3.0%

* 2016 EXPERIENCE IS ESTIMATED

** INCREASE WAS BASED ON NATIONAL EXPERIENCE, SINCE STATE EXPERIENCE IS NOT CREDIBLE

Mutual of Omaha Insurance Company
PreStandardized Medicare Supplement
Rate Adjustment History
Dist. Columbia

EXHIBIT 3

PLAN	TYPE	POLICY FORM	ISSUE DATES	IMPLEMENTATION DATES	INCREASE AMOUNT
ALL	PreStandardized Medicare Supplement			01/01/1991	18.50%
				01/01/1992	15.00%
				01/01/1993	12.50%
				04/01/1994	10.00%
				07/01/1996	14.00%
				11/01/1997	16.00%
				01/01/1998	15.00%
				02/01/1999	13.50%
				07/01/2001	7.00%
				07/01/2002	9.00%
				07/01/2003	8.00%
				07/01/2004	7.00%
				03/01/2009	6.50%
				04/01/2010	6.50%
				04/01/2011	10.00%
				04/01/2016	3.00%

Exhibit 4**Mutual of Omaha Insurance Company****Pre-Standardized Medicare Supplement****Trend Analysis**

Incurred Year	Exposures	Incurred Claims	Claim Costs	Claim Costs Net of Age Changes	Net Claim Cost Trend
2005	10,771	17,596,356	1,634	1,634	
2006	9,153	15,690,322	1,714	1,714	4.9%
2007	7,715	14,025,899	1,818	1,818	6.1%
2008	6,523	12,241,013	1,877	1,877	3.2%
2009	5,528	10,978,652	1,986	1,986	5.8%
2010	4,699	9,345,977	1,989	1,989	0.1%
2011	3,949	8,235,130	2,086	2,086	4.9%
2012	3,257	7,101,208	2,181	2,181	4.6%
2013	2,671	5,940,517	2,224	2,224	2.0%
2014	2,188	4,807,766	2,198	2,198	-1.2%
2015	1,772	4,247,304	2,397	2,397	9.1%
2016	1,414	3,430,105	2,427	2,427	1.2%

Proposed Trend	3.0%
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MUTUAL OF OMAHA INSURANCE COMPANY
Pre-Standardized Medicare Supplement
Proposed Rate Adjustments by Plan

Dist. Columbia

POLICY FORMS	OVERALL RATE ADJUSTMENT
ALL	3.0%

MUTUAL OF OMAHA INSURANCE COMPANY NATIONAL PERSISTENCY ANALYSIS

YEAR	INFORCE COUNT	PERSISTENCY
1994	92,241	
1995	70,672	0.766
1996	55,459	0.785
1997	43,355	0.782
1998	34,421	0.794
1999	27,694	0.805
2000	23,178	0.837
2001	19,388	0.836
2002	16,293	0.840
2003	13,733	0.843
2004	11,597	0.844
2005	9,944	0.857
2006	8,361	0.841
2007	7,068	0.845
2008	5,978	0.846
2009	5,077	0.849
2010	4,321	0.851
2011	3,584	0.829
2012	2,937	0.819
2013	2,405	0.819
2014	1,970	0.819
2015	1,574	0.799
AVERAGE:		0.824

Exhibit 6

**MUTUAL OF OMAHA INSURANCE COMPANY
Pre-Standardized Medicare Supplement
District of Columbia Expense Assumptions**

Type of Expense	Pre-Standardized
Commissions	20.0%
General Expenses	10.0%
Premium Tax	2.0%
Risk Charge	3.0%
Total	35.0%